



STATE OF DELAWARE DEPARTMENT OF INSURANCE
2005 ANNUAL FEES ASSESSMENT FORM
FOR THE CALENDAR YEAR 2005, DUE MARCH 1, 2006

Original Report ☐

Amended Report ☐

NON-ADMITTED

MAILING INSTRUCTIONS

Attach Check Here

The Delaware Insurance Department has established a lockbox operation for the collection of taxes and fees. This completed 2005 Annual Fees Assessment Form and accompanying check must be received at one of the bank addresses listed below on or before March 1, 2006. Filings received after that date will be considered late and the company may be subject to an administrative penalty of \$100.00 per business day until the filing is received. *Please note: The Delaware Insurance Department uses a "received by" date, not a postmark date.*

If using U.S. Postal Service:

Delaware Insurance Department
c/o National City Bank
6705 Reliable Parkway
Chicago, IL 60686

If using Courier or Express Service:

Delaware Insurance Department
c/o National City Bank
Attention: Lockbox # 6705
5635 S. Archer Ave.
Chicago, IL 60638-1656

COMPANY INFORMATION AND MAILING ADDRESS

If this address or any other Company information changed during the calendar year, Check this Box → ☐

Indicate Non-Admitted Company Type: ☐ Surplus Lines Insurer

(See Note Below Line 3) ☐ Accredited Reinsurer

Company Name: _____

Contact Person: _____

Contact E-mail: _____

Contact Phone and Ext.: _____ Fax: _____

Contact Address: _____

City – State – Country – Zip + 4: _____

Federal E.I.N. #: _____

N.A.I.C. #: _____

N.A.I.C. Group #: _____

State of Domicile (abbr.): _____

Questions should be directed to:

Mrs. Ann Fletcher

Premium Tax Coordinator

E-mail: Ann.Fletcher@state.de.us

PAYMENT INFORMATION (Select One)

NOTE: Authorization Agreement approval required for ACH Credit Option

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ACH CREDIT

Enter Transmittal Date: _____

CHECK

Enter Check Number: _____

Make check payable to "Delaware Insurance Department"

ANNUAL TAX AND/OR FEES

1. Annual Renewal Fee (\$100.00 per \$701): * \$ _____

2. Annual Statement Filing Fee: (\$100.00 per \$701) \$ _____

3. TOTAL AMOUNT DUE: \$ _____

* Companies approved as both SL and AR must pay both fees for EACH non-admitted type.

AFFIDAVIT

In accordance with 18 Del. C., §702 (a), Premium Tax and Fees Reports shall be verified by the oath or affirmation of the President and Secretary or other responsible officer of the insurer, duly administered by a person authorized to administer oaths.

STATE of _____, COUNTY of _____, on this _____ day of _____, 20____, before me,
the subscriber, personally appeared _____ (PRESIDENT), and _____ (SECRETARY) of the
above named Insurer who being duly sworn (or affirmed) deposes and says that this report and all schedules are true, correct, and complete.

Company Officer Signature

Title

Company Officer Signature

Title

(Company Seal)

If signed by Company Officer other than President or Secretary, state reason: _____

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THE DAY AND YEAR AFORESAID.

Signature (Notary Public)

Date Commission Expires

(Notary Seal)